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CONFIRMATION NO. 9760

SERIAL NUMBER 09/889,251	FILING DATE 11/01/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. UCSD1140-1
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APPLICANTS

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PS

** CONTINUING DATA *****

This application is a 371 of PCT/US00/04663 02/23/2000
 which claims benefit of 60/121,588 02/23/1999

N/A

** FOREIGN APPLICATIONS *****

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met.	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	27	4	
Verified and Acknowledged	Examiner's Signature Initials PS				

ADDRESS

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TITLE

Method of treatment of mitochondrial disorders

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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